

0742: PRELIMINARY RESULTS WITH TRANSANAL HAEMORRHOIDAL DEARTERIALISATION (THD) AT DISTRICT GENERAL HOSPITAL

Jennie Grainger, Mohammed Ali Kazeem, Caroline Bruce, Arif Khan. *Mid Cheshire NHS Trust, Crewe, UK*

Introduction: Advances in haemorrhoid treatment reflect our increased knowledge of their blood supply. We introduced THD at our DGH following NICE guidance in 2010. THD uses a Doppler-guided proctoscope to locate, and ligate, the terminal branches of the haemorrhoidal arteries.

We are presenting our preliminary results.

Methods: The audit was performed retrospectively using a standardised pro-forma and patient questionnaire. All patients (83 in total) undergoing THD between March 2010 and July 2011 were included.

Results: All 83 patients were completed as a day-case. The average age at surgery was 53 years with a male preponderance (58%). Preoperatively, 96% had 2nd or 3rd degree haemorrhoids. 95% had undergone previous treatments, including rubber-band ligation (86%), haemorrhoidectomy (6%) and stapled haemorrhoidectomy (2.5%). Haemorrhoidopexy was performed at time of THD in 43% of patients and 4% had an additional procedure below the dentate line.

92% of patients were asymptomatic when reassessed 6–12 weeks post-operatively. Significant post-operative pain was reported in 4%. 3/83 (4%) reported continued rectal bleeding, with 2 patients subsequently requiring 'traditional' haemorrhoidectomy.

Conclusions: THD is a suitable alternative treatment for 2nd- and 3rd-degree haemorrhoids. Although long-term results are not yet available, patients remained asymptomatic at follow-up with minimal symptoms post-operatively

0756 WINNER OF DUKES' CLUB/ACPGI PRIZE: FACTORS ASSOCIATED WITH THE DEVELOPMENT OF THE UNHEALED PERINEUM FOLLOWING SURGERY

Brian Ip, Najibullah Daulatzai, Mark Jones, Georgina Williams, Helen Alexander, Paul Bassett, Robin Phillips. *St. Mark's Academic Institute, London, UK*

Aim: To establish patient and procedural factors associated with the development of the unhealed perineum in patients undergoing proctectomy or excision of ileo-anal pouch.

Method: A review of casenotes was carried out for all procedures performed between 1997 and 2009. All patients underwent at least 12m of follow-up.

Univariable and multivariable analyses were performed in 16 parameters. For those patients who developed an unhealed perineum, a Cox regression analyses was performed to establish healing over a 12 month period.

Results: 200 patients were included in this study. 6 patients had unknown wound status and were excluded. 86 (44.3%) patients had a fully healed perineum at the outset. 63 (58.3%) patients who had an unhealed perineum healed within a 12 month period. A comparison of patients with intact perineum versus those with unhealed perineum shows existing perineal sepsis was associated with lack of healing OR 4.32 95% CI 2.16–8.62 $P < 0.001$.

In patients who had an unhealed perineum, perineal sepsis and surgical treatment were both significantly associated with time to healing (HR 0.54 CI 0.31–0.93 $P = 0.03$ and HR 0.42 CI 0.21–0.84 $P = 0.01$).

Conclusion: Control of perineal sepsis pre-operatively may improve healing of the perineum following surgery.

0800: AUDIT: ROUTINE TESTING OF POST OPERATIVE LIVER FUNCTION AFTER ELECTIVE COLORECTAL SURGERY: IS IT NECESSARY?

Amy Ferris, Vivek Gupta, Michael Rees, Keshav Swarnkar. *Royal Gwent Hospital, Newport, South Wales, UK*

Aim: Liver function tests (LFTs) taken after elective surgery frequently show abnormalities, usually returning to normal without further intervention. The aim of this study was to determine whether LFTs are routinely necessary in the post-operative phase of elective colorectal surgery.

Method: A retrospective analysis of all patients undergoing elective colorectal surgery during a 6 month period was performed. Pathology database was used to check LFTs for the first 3 days post-operatively to assess any abnormalities. In those patients with abnormal results, case

notes were reviewed to determine whether any change in management was indicated.

Results: 95/104 (91.3%) patients had LFTs performed on day 1, which fell to 56/104 (53.8%) by day 3 post-op. 27 patients (25.9%) developed abnormal LFTs and only 5/104 (4.8%) had persistently abnormal LFTs on third post-operative day. 6/27 patients who developed post-operative abnormal LFTs subsequently had imaging and no statistically significant difference were found between laparoscopic and open procedures.

Conclusions: Abnormal LFTs in the first 3 days following elective colorectal surgery is not unusual, but does not normally necessitate further clinical intervention. We suggest LFTs should only be taken if there is a clinical indication, which would have cost saving implications.

0816: FUNCTIONAL RESULTS OF ANTEGRADE COLONIC ENEMA COMPARING THE PERCUTANEOUS ENDOSCOPIC CAECOSTOMY PROCEDURE (PEC) WITH THE STANDARD MALONE PROCEDURE (MACE)

Rhiannon Harries, John Gwatkin, Judith Ford, Raymond Delicata. *Nevill Hall Hospital, Abergavenny, UK*

Introduction: Recent evidence has shown favourable outcomes with the use of both PEC and the MACE for the management of chronic constipation. We report our results on the use of PEC and MACE in those adult patients with chronic constipation who had failed conservative management.

Method: Patient information, including diagnosis, Cleveland constipation questionnaire scores pre procedure and date and type of procedure performed were obtained from the case notes. Patients were contacted by telephone post procedure and asked to complete the Cleveland constipation questionnaire and were asked questions related to quality of life.

Results: 14 patients underwent either PEC or MACE procedures between 2000 and 2009. 9 patients underwent MACE while the remaining patients had PEC. The mean modified Cleveland score pre/post procedure was 16.3/5.6 for MACE and 15.6/5.0 for PEC respectively. 93% of patients expressed satisfaction following either their PEC or MACE procedure.

Conclusion: Results showed improvement in functional results as well as patient satisfaction for both the PEC and MACE procedures. PEC is a less invasive procedure and has shown to have as favourable an outcome as the accepted MACE procedure, and should therefore be considered an alternative to MACE in carefully selected individuals.

0822: LYMPH NODE HARVEST FOR COLORECTAL CANCER COMPARING LAPAROSCOPIC AND OPEN SURGERY

Rhiannon Harries, Ioannis Sarantitis, Kirk Bowling, Graham Whiteley. *Ysbyty Gwynedd, Bangor, UK*

Aims: Lymph node harvest is an important component of staging for colorectal cancer in order to decide on the requirement for adjuvant chemotherapy and to predict survival. The aims of our study were to investigate lymph node harvest comparing laparoscopic and open surgery for colorectal cancer resections.

Methods: Data was obtained from all consecutive patients who underwent a segmental surgical resection for colorectal adenocarcinoma over a three year period. Resections were classed as either right sided, left sided or rectal.

Results: Between Oct 2008 to Oct 2011, 561 patients presented with colorectal cancer, with 358 patients undergoing segmental bowel resection. 129 underwent right sided resections (77 open/ 52 laparoscopic), 100 underwent left sided resections (61 open/ 39 laparoscopic) and 127 underwent rectal resections (45 open/ 82 laparoscopic). The median lymph node harvest in right sided resections was 12 for open and 12 for laparoscopic ($p = 0.4236$). The median lymph node harvest in left sided resections was 12 for open and 13 for laparoscopic ($p = 0.5886$). The median lymph node harvest in rectal resections was 14 for open and 12 for laparoscopic ($p = 0.1655$).

Conclusion: There was no statistically significant difference seen in lymph node harvest between open and laparoscopic surgery for colorectal cancer resections.

0829: DIAGNOSTIC YIELD AND SAFETY OF COLONOSCOPY IN OCTOGENARIANS IN A DISTRICT GENERAL HOSPITAL

Kamran Khatri, Kate Perryman, Sam Enefer, Mazin Sayegh. *Western Sussex Hospitals NHS Trust, Worthing, UK*